

DO/EO WORKSHEET

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International Appl. No.

JP99-00493

U.S. Appl. No.

Application filed by : ☐ 20 months ☒ 30 months

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> International Application (RECORD COPY) | <input type="checkbox"/> International Appl. on Double Sided Paper (COPIES MADE) |
| <input type="checkbox"/> Article 19 Amendments                              | <input type="checkbox"/> Request form PCT/RO/101                                 |
| <input checked="" type="checkbox"/> PCT/IB/331                              | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report                  |
| <input type="checkbox"/> PCT/IPEA/409 IPER (PCT/IPEA/416 on front)          | <input checked="" type="checkbox"/> Search Report References                     |
| <input type="checkbox"/> Annexes to 409                                     | <input type="checkbox"/> Other : _____   |
| <input type="checkbox"/> Priority Document (s) No. _____                    |  |

RECEIPTS FROM THE APPLICANT (other than checked above) :

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Basic National Fee (paid or authorized to charge)                            | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on : <u>2 Aug 01</u>                        |
| <input checked="" type="checkbox"/> Description  | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on : <u>2 Aug 01</u>             |
| <input checked="" type="checkbox"/> Claims   | <input type="checkbox"/> Assignment Document   |
| <input type="checkbox"/> Words in the Drawing Figure(s)  | <input type="checkbox"/> Power of Attorney/ Change of Address  |
| <input type="checkbox"/> Article 19 Amendments   | <input type="checkbox"/> Substitute Specification Filed on : _____   |
| <input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered | <input type="checkbox"/> Verified Small Status Claim<br>(if submitted after Receipt Date - Is it timely ? Y/N) |
| <input checked="" type="checkbox"/> Oath/ Declaration (executed)   | <input type="checkbox"/> Other : _____   |
| <input type="checkbox"/> DNA Diskette  |  |

NOTES :

35 U.S.C. 371 - Receipt of Request (PTO-1390)	<u>2 Aug 01</u>
Date Acceptable Oath/ Declaration Received	<u>26 Oct 01</u>
Date Complete 35 U.S.C. 371	
102(e) Date	
Date of Completion of DO/ EO 906 - Notification of Missing 102(e) Requirements	
Date of Completion of DO/ EO 907 - Notification of Acceptance for 102(e) Date	
Date of Completion of DO/ EO 911 - Application Accepted Under 35 U.S.C. 111	
Date of Completion of DO/ EO 905 - Notification of Missing Requirements	<u>182</u>
Date of Completion of DO/ EO 916 - Notification of Defective Response	
Date of Completion of DO/ EO 903 - Notification of Acceptance	

## 2700 INTERNATIONAL REQUEST FOR S.N.


DATE: _____	FROM: <u>ALGO</u> (print name)
FORWARD TO: A. Art Unit: <u>1661</u> B. Class: <u>704</u> C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

*speech signal processing*

DATE: _____	FROM: _____ (print name)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: